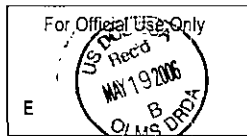


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



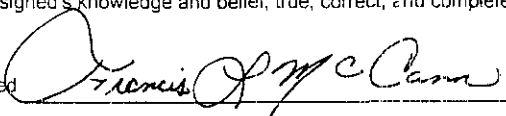
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13677	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Francis L McCann P.O. Box, Bldg., Room No., if any Street 1370 Ontario Street, Suite 1040 City Cleveland State Ohio ZIP Code + 4 44113-1736	4. Name, file number, and address of labor organization. Name American Train Dispatchers Association Labor Organization File Number 000-042 P.O. Box, Building and Room Number, if any 1040 Street 1370 Ontario St. City Cleveland State Ohio ZIP Code + 4 44113-1736
5. Position in labor organization. President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Amtrak Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 60 Massachusetts Ave., N. E. City Washington State District of Columbia ZIP Code + 4 20002	7.a. Nature of Interest, Transaction, or Income. Rail Pass Used for Business Travel 7.b. Amount. Approx. \$250

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 05/10/2006	216-241-2770
	Date	Telephone Number

Name of Person Filing Francis McCann	File Number U- 13677
--------------------------------------	----------------------

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name United Health Care</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 450 Columbus Blvd CT030-13NA</p> <p>City Hartford</p> <p>State Connecticut ZIP Code + 4 06115-0453</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input checked="" type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Class I Railroad Carriers on attached list</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>United Health Care is the Administrator for the National Health & Welfare Plan</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>2/7/05-Dinner Dance-241.97</p> <p>2/9/05-Golf outing-164.78</p> <p>2/12/05-Golf outing-164.78</p> <p>2/12/05-Golf Lunch-108.38</p>
	<p>12.b. Amount. \$680</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Carriers Represented by the National Carriers Conference Committee

The Belt Railway Company of Chicago
The Burlington Northern and Santa Fe Railway Company
Consolidated Rail Corporation
CSXT Corporation
Indiana Harbor Belt Railroad Company
The Kansas City Southern Railway Company
Norfolk Southern Railway Company
Northern Indiana Commuter Transportation District
Terminal Railroad Association of St. Louis